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Kramer Levin Naftalis & Frankel LLP 919 Third Avenue New York, NY 10022

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/25/2006 MAHMED2 00	000078 500540 10636003	Carrie I.	. Caggiano	(Depositor's name
FC:1501 1400.	00 DA		Chlouro	(Signature
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/636,003	08/07/2003	Douglas Dochon	57173/1322	1545
TLE OF INVENTION: P	RESSURE SLEEVE ASSEMBLY	<i>(</i>		•

APPLN. TYPE SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 07/18/2006 **EXAMINER** ART UNIT **CLASS-SUBCLASS** KENNEDY, SHARON E 3767 604-154000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 Kramer, Levin, Naftalis (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. & Frankel LLP or agents OR, alternatively, (2) the name of a single firm (having as a member a ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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(A) NAME OF ASSIGNEE	ME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)		
Acist Medical Systems, Inc.	Eden Prairie, MN		
Please check the appropriate assignee category or categories (will not be	e printed on the patent): 🔲 Individual 🖫 Corporation or other private group entity 🚨 Government		
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Aaron S. Haleva

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